

DENBIGHSHIRE EDUCATION COMMITTEE



ANNUAL REPORT

of the

School Medical Officer

for the year

1950

M. T. ISLWYN JONES, M.D., D.P.H.,

School Medical Officer.

**To the Chairman and Members of the
Denbighshire Education Committee.**

Mr. Chairman, Ladies and Gentlemen,

In presenting my first Annual Report on the work of the School Health Service for the year 1950, I would express pleasure in my appointment and the assurance that it will always be my endeavour to maintain the high standards of my predecessors. Denbighshire suffered a grievous loss in the sudden death of Dr. H. Arwel Thomas. His diligence and foresight have ensured a firm foundation for the further development of the School Health Service.

This report, of a necessity, must be mainly statistical as my stewardship covers only the last two months of the year under review. During the interim period Dr. T. Kenrick Hughes, the Deputy County Medical Officer, ensured the continuity of the School Health Service, although he only had a very attenuated staff at his disposal. I would acknowledge my appreciation for his co-operation and kindness since my arrival here.

The staff of the Department has given loyal and valuable service throughout the year, and since my appointment, have responded willingly to my demands.

I record my gratitude for the cordial and invaluable support rendered me by members of the Education Committee, and in particular by the Director of Education and his staff.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

M. T. ISLWYN JONES,

School Medical Officer.

STAFF.**Medical.****County Medical Officer and School Medical Officer:**

Dr. H. Arwel Thomas, M.B., Ch.B., D.P.H. (deceased 24th February, 1950).

Dr. M. T. Islwyn Jones, M.D., D.P.H. (commenced
duties 27th October, 1950).

Deputy County Medical Officer:

Dr. T. Kenrick Hughes, M.B., Ch.B., D.P.H.

**Assistant County Medical Officer, also Medical Officer of
Health, Colwyn Bay:**

Dr. Wm. McKendrick, M.D., D.P.H.

Assistant County Medical Officers:

Dr. M. Jones Roberts, M.B., Ch.B., D.P.H.

Dr. Sybil O. Edwards, M.B., D.P.H.

**Medical Officer of Health, Borough of Wrexham and
Wrexham Rural District:**

Dr. T. P. Edwards, M.D., B.S., D.P.H.

**Assistant Medical Officer (Part-time) Borough of
Wrexham:**

Dr. A. Barry Jones (resigned 31st August, 1950).

Specialist Service.**Ear, Nose and Throat Clinics:**

Mr. R. D. Aiyar, F.R.C.S. (Visiting Surgeon).

Orthopaedic Treatment at Clinics:

Mr. D. L. Griffiths, F.R.C.S. (Visiting Surgeon).

Child Guidance Clinic.

Psychiatrist:

Dr. E. Simmons, North Wales Hospital for Mental Diseases, Denbigh (Visiting Specialist).

Psychologist:

Miss Martha Vidor, Ph.D. (Leipzig).

Psychiatric Social Worker:

Mrs. Iolo Jones.

Dental.

Senior Dental Officer:

Mr. D. Glen Thomson, T.D., L.D.S., R.D.S. (Eng.).

Assistant Dental Officers:

Mr. J. G. Roberts, L.D.S. (Half School Medical Service, half Maternity and Child Welfare).

Mr. H. E. Fussell, L.D.S.

Mr. R. A. Rider.

Superintendent Nursing Officer:

Miss W. M. Chune.

Deputy Superintendent Nursing Officer:

Miss Eirlys Jones.

School Clinic Nurse:

Vacancy.

School Nurses (apportionment of time—one half as School Nurse and one half as Health Visitor):

Miss K. Jones—Rhos, Ponciau, Penycae, etc.

Miss C. J. Thomas—Brymbo, Broughton, etc.

Miss E. A. Bodsworth—Gresford, Rossett, Llay, etc.

Mrs. E. G. E. Rees—Coedpoeth, Bwlchgwyn, South-sea, etc.

Miss M. E. Jones—Cefn, Acrefair, Llangollen, etc.

Miss E. Griffiths (transferred from Wrexham Borough, September 11th, 1950)—Ruabon, Rhos-tyllen, Eyton, Holt, Erbistock, etc.

Miss M. D. Evans—Llanrwst, Hiraethog, Glanconway, etc.

Miss E. M. Tyler—Chirk, Vroncysyllte, Ceiriog, etc.
(Resigned 14th October, 1950).

Mrs. I. E. Garner—Abergele Urban, part of Aled, etc.

Miss E. A. Beech—Ruthin Borough and Rural, Cerrig, etc.

Miss S. C. Evans—Denbigh, part of Aled, etc.

Mrs. M. Williams—Colwyn Bay Borough.

Mrs. L. Warne—Wrexham Borough	}	Full-time School Nurses.
Mrs. A. Martin—Wrexham Borough		

Dental Attendants:

Mrs. M. Jarvis; Miss I. E. Sanderson; Miss E. Bellis;
Miss I. M. A. Lee.

ADMINISTRATION.

Assistant Administrative Officer:

Mr. J. T. Pritchard.

Senior Clerk:

Mr. T. J. Davies.

Assistant Clerks:

Mr. J. E. Evans; Mr. G. Davies; Miss E. Hughes; Miss D. G. Jones; Miss M. Whittaker; Miss B. Bailey; Miss G. Hughes; Miss A. Cudworth; Miss M. M. Parry; Miss B. Edwards; Mr. B. Davies; Mr. D. Davies (at present in H. M. Forces); Miss B. Richards and Mrs. R. Gray (Wrexham Borough Office); and Mrs. G. Storrs (Colwyn Bay Office).

GENERAL STATISTICS.

Population of County (mid-year 1950)	169,686
Area of County	427,977 acres

School Child Population.

Registration details on 31st December, 1950, were as follows:—

School Departments.	No. of Schools.	No. of Pupils on Registers.
Primary	167	18082
Secondary Modern	13	3439
Secondary Grammar ..	10	3971
Specials	2	49
	—	—
Total	192	25541
	—	—
Average attendance during year		84%

MEDICAL INSPECTION.

No changes were made during the year with regard to the age groups for medical inspections. According to the present arrangements school children are examined as follows:—

Group.	Age when inspected.	Schools concerned.
Entrants.	Usually at 5 years of age.	Primary.
Second Age Group.	During the year in which the age of 11 years is reached.	Primary.
Third Age Group.	During the last year of attendance at:	
	(a) Primary or Modern Secondary Schools (14+).	Primary and Modern.
	(b) Secondary Grammar Schools (15+).	Secondary Grammar.
Specials .	On request from Nurses, Teachers and Parents.	All Schools.

The number of children examined at the routine medical inspection during the year was 8,706 as compared with 9,233 in 1949.

These age groups are as follows:—

Entrants	3063
Second Age Group	1790
Third Age Group	3594
Other periodic inspections	259
	<hr/>
	8706
	<hr/>

In addition to the above, 1,635 re-examinations (Specials) were carried out by the Assistant Medical Officers.

FINDINGS OF MEDICAL INSPECTION.

Diseases and Defects (excluding Dental and Uncleanliness).

At the periodic medical inspection of 8,706 pupils, 3,159 were found to have defects needing treatment, while 3,250 defects were noted for observation. Defects of the Eyes, Ear, Nose and Throat and Orthopaedic account for a high percentage.

Ophthalmic Clinic.

In the Wrexham area, arrangements have been made for the children to be examined at the Out-patients' Department of the Maelor General Hospital. The delay in obtaining appointments occurring shortly following the transfer of the Clinic has now been reduced considerably and children are provided with glasses within a reasonable time.

Broken appointments, undoubtedly, are a contributory cause to the waiting time. Some parents fail to bring their children to the Clinic although they were warned well in advance that an appointment had been made. This position is further aggravated when they fail to inform the Department that they will not be attending, as this means that one appointment is lost.

The Assistant School Medical Officers indicate the degree of urgency in the cases where undue delay would have a deleterious effect upon the child's sight.

Cleanliness.

School Nurses inspect children at schools in their areas at least once a term. The number of children found at these inspections to be verminous was 2,397.

To prevent infestation spreading, verminous children are excluded and the parents are instructed in methods of cleaning, and the child is re-examined before re-admission. Insecticides, such as Lethane or D.D.T., have an important role in the elimination of the louse.

The compulsory powers provided by the Education Act, 1944, were not utilised.

Ear, Nose and Throat Clinic.

Ear Diseases.—10 children were found to be suffering from Otitis Media, whilst 12 required to be kept under observation.

Defective Hearing.—8 children were found to be so deaf as to require treatment, and 51 were required to be kept under observation.

4 new cases were admitted into Special Schools for the Deaf and 2 new cases were admitted to Special Schools for the Partially Deaf. The total number in Special Schools for the Deaf at the end of the year was 13, and in addition there were 3 pupils in Special Schools for the Partially Deaf.

Tonsils and Adenoids.—The number of children who suffered from defects of the Nose and Throat was 1,426. Of this number 430 required operation and were referred for special examination by the Ear, Nose and Throat Specialist. 412 children received operative treatment for Adenoids and Chronic Tonsillitis. 996 were regarded as being required to be kept under observation with no operative measures indicated.

ARRANGEMENTS FOR MEDICAL TREATMENT.

Certain treatment of school children found to be defective is undertaken at the following School Clinics:—

16 Grosvenor Road, Wrexham.

1 Grosvenor Road, Wrexham.

Nant-y-Glyn Road Clinic, Colwyn Bay.

Plas-yn-Rhos, Rhos.

County Clinic, Well Street, Cefn.

County Clinic, Gwersyllt.

Watling Street County Clinic, Llanrwst.

County Clinic, Middle Lane, Denbigh.

Welfare House, Llangollen.

The Nursery, Llay.

DIPHTHERIA IMMUNISATION.

Since the inception of an organised campaign of diphtheria immunisation, the number of cases and fatalities have been greatly reduced. It was realised that the artificial immunity given to an infant gradually diminished with time, and in order to maintain a safe level of protection a second "boosting" dose was needed at about the age of 5 years. Those children who have not been given the "boosting" dose prior to entering school are invited to attend for this injection.

This important prophylactic work had to be suspended because of the possibility that the slight reaction ensuing on immunisation might in some way be associated with the localisation of paralysis in cases of Poliomyelitis. This possibility was given considerable publicity, causing an appreciable decrease in the number immunised. While Acute Anterior Poliomyelitis was epidemic, prophylactic immunisation against diphtheria was suspended, but as soon as the incidence of this disease decreased, diphtheria immunisations were resumed with vigour.

MASS RADIOGRAPHY.

The Welsh Regional Board Mass Radiography Unit visited the County during May, 1950, and a scrutiny of the report suggests that on the whole the school children are very free from chest abnormalities. While the primary consideration is Tuberculosis, as this disease causes so much morbidity as well as deaths, many other complaints are detected in their early stages when treatment can be both effective and rapid.

It is regrettable that occasionally people refuse this free service, because it has great potentialities in the contribution made to community health. The fear of the unknown is so great that often such investigations as these, are deferred until much irreparable harm has been done, not only to the patient, but to many others who have been associated with him.

MASS RADIOGRAPHY SURVEY OF DENBIGHSHIRE SCHOOL CHILDREN, MAY, 1950.
DETAILS OF INDIVIDUAL SCHOOLS.

School.	Total No. Examined.		Total No. Abnormal.		Definite P.T.		Needing further observation for P.T.		Needing further abnormalities of the chest.			
	Total	M	F	Total	M	F	Total	M	F	Total	M	F
Grammar School, Colwyn Bay	197	103	94	2	1	1	—	—	—	2	1	1
Secondary Modern, Colwyn Bay	104	60	44	2	2	—	—	—	—	2	2	—
Secondary Modern, Denbigh	94	61	33	4	3	1	—	—	—	3	2	1
Grammar School, Denbigh	126	57	69	3	2	1	—	—	—	3	2	1
Rhos Street School, Ruthin	3	2	1	—	—	—	—	—	—	—	—	—
Borthyn School, Ruthin	14	6	8	—	—	—	—	—	—	—	—	—
Brynhyfryd Grammar, Ruthin	2	—	2	—	—	—	—	—	—	—	—	—
C. of E. School, Ruthin	1	1	—	—	—	—	—	—	—	—	—	—
Grammar School, Ruthin	160	80	80	1	—	1	—	—	—	1	—	1
Heulfre Homes, Ruthin	23	13	10	—	—	—	—	—	—	—	—	—
Secondary Modern, Brynbo	42	15	27	1	1	—	—	—	—	1	1	—
Secondary Modern, Brynteg	56	26	30	—	—	—	—	—	—	—	—	—
Secondary Modern, Acrefair	58	28	30	—	—	—	—	—	—	—	—	—
Secondary Modern, Rhos	149	77	72	3	2	1	—	—	—	2	2	1
Grove Park Grammar, Wrexham ...	506	228	278	7	4	3	—	—	—	3	1	2
Alexandra Secondary Modern, Wrexham	86	—	86	—	—	—	—	—	—	—	—	—
St. Mary's R.C., Wrexham	33	18	15	1	1	—	—	—	—	1	1	—
C. of E. School, Wrexham	46	21	25	1	1	—	—	—	—	1	—	—
Technical College, Wrexham	161	109	52	2	2	—	—	—	—	2	2	—
Victoria Secondary Modern, Wrexham	105	105	—	2	2	—	—	—	—	—	—	—
Bryn Estyn School, Wrexham	50	50	—	2	2	—	—	—	—	1	1	—
Totals	2016	1060	956	31	23	8	—	—	—	10	8	6

SUPPLY OF MILK.

Free milk is supplied at all schools, and there can be no doubt that this extra nourishment contributed to the health and well-being of the school population. While milk is considered to be one of the best balanced foods, and, therefore, of much value in assisting growth, it must also be remembered that it can be the vehicle of many diseases.

The paramount responsibility of the Education Authority is to guarantee that whatever is provided for the children cannot possibly have a deleterious effect. Ideally, **safety** combined with **quality** should be obtained, but in the circumstances prevailing, emphasis must primarily be placed on **safety**. Whenever possible, pasteurised milk is supplied, and when this process is combined with the best quality milk, which is acknowledged to be Tuberculin Tested milk, the ideal has been attained.

The daily average number of children who received milk in school during the year was 19,102.

PROVISION OF MEALS.

The School Meals Service has developed enormously in recent years, and commensurate with this growth there has been improvement in the food provided. The dietary is carefully planned, so that the children obtain a good proportion of those nutrients essential to growth, and normal development. Besides the nutritional benefits, the children soon learn to conform to the code of conduct demanded of them by their seniors. It is to be hoped that parents do not consider school meals as replacing the child's rationed food, but rather as an adjunct, which enables the child to obtain additional essential proteins.

Some kitchens have excellent modern equipment, while others are struggling under difficulties, but all examined by me so far manage to maintain a good standard of hygiene. The daily average number of children in the primary and secondary schools who received meals during the year was 14,145.

ORTHOPAEDIC CLINIC.

Although the responsibility for this clinic now rests with the Regional Hospital Board, there remains a close liaison between it and the School Health Service. The need for early diagnosis and treatment is appreciated and the early referral by the Assistant Medical Officers is appreciated by the Surgeons. Every effort is made to ensure that the treatment and advice given to a school child are carried out. The follow-up of all these cases involves the School Health Service in much difficult work, but if persistence and patience result in the prevention of permanent deformity, then it will not have been labour in vain.

Orthopaedic Clinics are held at Wrexham, Rhos, Cefn, Colwyn Bay and Denbigh, and the following are particulars of children attending at these Clinics:—

Clinic.	No. of children Attending.	No. treated as In-patients.	Total Attendances
Cefn	191	16	530
Rhos	126	5	451
Wrexham	396	29	1542
Colwyn Bay	112	7	334
Denbigh	169	29	426
Totals	994	86	3283

HANDICAPPED PUPILS.

The ascertainment of handicapped pupils in accordance with Section 34 of the Education Act, 1944, was continued as previously. Many of these cases were discovered at routine inspections but others were referred, as Specials, from a variety of sources. The future welfare of these pupils requires careful consideration, as any resultant action will have far-reaching effects. The School Health Service has had to contend with many problems in dealing with Handicapped Children. Frequently, it is only after deciding on what course to take that it is found impossible to pursue it further owing to lack of appropriate facilities. This is particularly the case with those Handicapped Pupils who have more than one disability. Little provision is available in Denbighshire for Handicapped Pupils of any category and consequently admission to Special Schools is dependent upon a vacancy occurring in Schools of other Authorities.

SPEECH DEFECT.

This is a defect which must be treated in early childhood in order to obtain as high a percentage of success as possible. With a complete cure the child obtains much brighter prospects.

The imperative need for a Speech Therapist was realised, and subsequently a survey of Denbighshire revealed that there were 50 known cases of speech defect. Denbighshire children can receive treatment no nearer than Chester or Liverpool, and as they require to attend at least once per week, the expenditure of time and money is often prohibitive. In certain cases the Ear, Nose and Throat Surgeons recommend speech therapy to complete the cure which they have initiated by operative methods.

As soon as it is realised that the services of a Speech Therapist are conveniently available, I feel sure that cases will be referred from many other sources as well.

It is to be hoped that the appointment of a Speech Therapist will not be very long deferred.

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes during 1950.

	(1) Blind.	(2) Partially sighted.	(3) Deaf.	(4) Partially Deaf.	(5) Delicate.	(6) Physically handicapped.	(7) Educationally sub-normal.	(8) Maladjusted.	(9) Epileptic.	Total 1-9.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st Dec., 1950:—										
A. Handicapped pupils newly placed in Special Schools or Homes	—	—	4	2	—	—	6	1	—	13
B. Handicapped pupils newly ascertained as requiring education at Special Schools or Boarding in Homes	—	1	4	1	1	4	26	1	2	40

Number of children reported during the year:—

(a) Under Section 57 (3) (excluding any returned under (b))	6
(b) Under Section 57 (3) relying on Section 57 (4)	—
(c) Under Section 57 (5)	—

of the Education Act, 1944.

	(1) Blind.	(2) Partially sighted.	(3) Deaf.	(4) Partially Deaf.	(5) Delicate.	(6) Physically handicapped.	(7) Educationally sub-normal.	(8) Maladjusted.	(9) Epileptic.	Total 1-9.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about Dec. 1st:										
C. Number of Handicapped pupils from the area—										
(1) Attending Special Schools as										
(a) Day Pupils .	—	—	—	—	—	—	19	—	—	19
(b) Boarding Pupils ..	1	—	13	3	—	—	3	1	—	21
(2) Boarded in Homes	—	—	—	—	—	—	—	—	3	3
(3) Attending independent schools under arrangements made by the Authority ...	—	—	—	—	—	—	5	—	—	5
Total (C)	1	—	13	3	—	—	27	1	3	48
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(a) In Hospitals	—	—	—	—	—	—	—	—	—	—
(b) Elsewhere	—	—	—	—	1	11	—	—	—	12
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) ..	—	2	4	1	13	14	28	2	4	68

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils in the financial year ended 31st March, 1950—£344.

SCHOOL DENTAL SERVICE.

Report of the Senior Dental Officer.

To the County Medical Officer.

I have pleasure in submitting for your consideration my Report on the work of the Dental Service in the County for 1950.

The two Dental Officers, Mr. G. H. Craine and Mr. Ross Wallis, who resigned, have not yet been replaced, and it was considered that no useful purpose would be served by advertising in the Professional Press at the old rate of salary. The disruption of the School Dental Service owing to shortage of Dental Officers makes it impossible to provide adequate treatment. It is very disturbing to contemplate the dental deterioration which is taking place when the school child should be receiving the highest priority in a National Dental Service.

There has been a considerable increase in the incidence of dental caries amongst the younger age groups. The dental condition of children at the Children's Homes, Wrexham, is a notable exception, and the children compare more than favourably with those attending elementary schools. It may be due to several factors which include better attention given to diet, eating between meals, restriction of sweets, and plenty of outdoor exercise. Oral hygiene is practised as a routine measure, and they have a balanced diet containing fresh grown vegetables. 75 per cent. of the children inspected did not require dental treatment.

Clinics.

The County Clinic has been removed to No. 1 Grosvenor Road, Wrexham. The new premises are more suitable, and comprise a dental suite of two surgeries, with an inter-communicating room fitted with six basins and used as a rinsing room. This has many advantages and will permit the treatment of more cases to each general anaesthetic session. One surgery has been equipped very well, but the second room has no equipment, it is used as a temporary surgery with portable equipment. It is hoped this surgery will have the necessary articles installed during the coming year.

Colwyn Bay.

A shadowless operating light has been fitted in the surgery and has proved most useful. The small room next to the surgery has been taken over by the Dental Service and it is hoped that in the near future wash basins will be available and the room can then be used as a rinsing room. This was recommended by Dr. A. T. Wynne from the Ministry of Education, when he inspected dental arrangements at Colwyn Bay. It is regretted that the clinic has not yet been decorated, and it would be appreciated if this work could be expedited.

Llanrwst.

The clinic premises have been decorated and the light is considerably improved. There is no rinsing room, and the dental arrangements are not as satisfactory as one would desire.

Rural County Schools.

The treatment of children attending these schools always presents difficulties and temporary surgeries are established with the aid of portable equipment. Where electricity is available, unfortunately in only 25 per cent. of the rural schools, the anglepoise lamp is invaluable. The use of a van or truck to convey children from the rural schools to central clinics is under consideration.

Orthodontics.

The number of children offered treatment has been limited owing to the shortage of staff. 39 Orthodontic appliances have been fitted and 118 visits were made by children for adjustments of the appliances. Removable appliances are used in every case and excellent results have been obtained. Cases of instanding teeth which give the patient's mouth a neglected and untidy appearance are readily corrected. The parents are very grateful as the results are often spectacular when the irregular teeth are brought into proper alignment.

Dentures.

This work is chiefly in connection with those children who have lost their front teeth either as a result of accident or by dental caries too advanced to be restored by conservation.

57 dentures were inserted, which is an increase of 20 over the previous year. The child mentioned in my last report as being supplied with both upper and lower dentures following congenital absence of teeth, continues to do well and her weight has increased during the year by 12 lbs. to 5 st. 12 lbs. which compares with the average weight of a girl of her age (5 st.). Her general appearance has improved noticeably and the Head Teacher reports that she now occupies a high position in her class, indeed, she has every chance of passing the necessary examination for entrance to Grove Park School.

Emergency Dental Treatment.

Clinics are held on Saturday mornings, Monday and Thursday afternoons at Wrexham, and these are very well attended. Other casual clinics are held when required at Colwyn Bay, Rhos and Cefn Clinics.

Acceptances of Treatment.

The percentage of children accepting dental treatment in respect of the County is 80 per cent., with the following exceptions which provided a full 100 per cent. attendance:—

1. Brymbo Junior N.P.
2. Capel Garmon Council.
3. Cefnhirfach Council.
4. Isycoed N.P.
5. Llanelidan.
6. Maengwynedd Council.
7. Minera.
8. Pandy Tudur Council.
9. Rhiwlas.
10. Ruabon Junior Mixed N.P.

Owing to the shortage of Dental Officers, 43 elementary schools were not inspected during the year, a further eight schools in the Borough of Wrexham, together with five Grammar Schools, a total of 56 schools.

Inspections are conducted on school premises during school hours and 11,892 children were inspected, and 115.5 sessions devoted to the work, an average of 103 children per session.

Mr. H. E. Fussell, L.D.S., who is responsible for dental treatment of school children in the Colwyn Bay, Llanrwst and Denbigh areas, states:—

“A certain number of children examined was, of course, found to have received treatment privately, but this number having regard to the facilities now available, was surprisingly small, and of these a substantial proportion had received what could only be classified as ‘emergency treatment.’ Reference to last year’s records showed that in the majority of cases where treatment had been declined on the grounds of ‘own dentist,’ either no treatment had taken place, or no systematic dental overhaul had been carried out.

The net result, therefore, of the National Health Service facilities on the School Dental Service in this area had been that some parents postponed the question of getting their children seen to, and in the end never got this done. Others took their children to their own dentist and merely had an aching tooth extracted (leaving the fillings which in some cases they did not know to be necessary), whilst in a few cases, consisting mostly of older children, a more conscientious treatment was carried out. In consequence of these facts I have found that in some schools, more especially in the Colwyn Bay district, there has been a decline in the standard of dental fitness. Moreover, a few Head Teachers have been misled into thinking that the School Dental Service was no longer a matter of the same urgency as was once the case. The fact is overlooked that some private practitioners have no taste for treating young patients. Some of the latter have in consequence drifted back to me.

I should like to sum up by stressing that there is exactly the same urgency about the work of the School Dental Service now as there was 20 years ago. The effects of neglect are exactly the same as they have always been, and the scope of the work has been extended both into lower age groups and into higher age groups than formerly.

I am glad to be able to report that during 1950 the lighting at the Colwyn Bay Clinic has been rendered satisfactory, but I regret to have to point out that the state of the decorations is so shabby as to create a most unfavourable impression on any parent who has just come from any modern private dental surgery in this town."

Mr. J. G. Roberts, L.D.S., who is responsible for dental treatment of school children in the Wrexham rural area, states:—

"In presenting my report for the year 1950, I would first like to thank my colleagues, nursing staff and also the majority of the teaching staff for their very considerable help. During the year we moved to new surgeries at No. 1 Grosvenor Road, and they have helped to lighten our burdens by cutting out the 'back bending' and 'foot pedalling' of our portable equipment. They also tend to show up the very inadequate conditions prevailing in a number of our schools.

I am looking forward to the time when children attending the rural schools can be brought in to well equipped centres for treatment. During the past year I have been concerned by the poor dental condition of the children entering school, that is the 4-5 year groups. It would seem a great pity that the gap between leaving the Child Welfare Centre and starting school cannot be bridged.

Is it too much to hope that the committee will show their appreciation of our work by doing all they can to encourage and help in the recruitment of further Dental Officers?"

Mr. R. A. Rider, who is responsible for the dental treatment of school children in the Rhos, Llansilin and Glynceiriog areas, states:—

"Owing to the shortage of staff, it is regretted that I have not been able to complete the schools in my area.

I would like to thank the Senior Dental Officer and Mr. Roberts for the assistance they have rendered, also Mrs. Jarvis for her very able assistance.

At the schools which have been completed, I am glad to say, the percentage rate is still high."

In conclusion, I would like to thank the dental staff whose loyal co-operation has been manifest during a difficult year. I would also like to pay tribute to the really excellent co-operation afforded by the teaching staff throughout the County. I reiterate that much of the success of the dental service is due to their efforts. The clerical staff has been most helpful, and their excellent help during the year is acknowledged.

Statistics.

The appended statistical returns will, I feel sure, be perused with much interest.

D. GLEN THOMSON,

Senior Dental Officer.

PRIMARY AND SECONDARY SCHOOLS.

Operations performed during the year comprised of

Amalgam Fillings	1121
Amalgam and Cement Fillings	3320
Silicate Fillings	344
Root Fillings	2
Permanent Teeth Extracted	1992
Temporary Teeth Extracted	12904
Scalings	69
Orthodontic Appliances Fitted	39
Adjustments to Orthodontic Appliances	118
Fillings Polished	42
Impressions	94
Bites	11
Try-ins	28
Dentures fitted	57
Sockets Syringed	6
Haemorrhage Arrested	13
Parents Attended	2272
Advice to Parents	424
Referred for X-ray	32
Referred to Hospital	2
Trimming's	2
Dressings	4
Adjustments to Dentures	2
Orthodontic Appliances re-made	5

TABLE GIVING THE INCIDENCE OF DENTAL CARIES IN THE FIVE YEAR OLD CHILD.

21

D. Decayed Teeth. M. Missing Teeth. F. Filled Teeth.

Area.	Type of Area.	No. of children examined.	Average No. of "D.M.F." Deciduous Teeth per child examined.	Percentage of children examined showing number "D.M.F." Deciduous Teeth.
Western Area No. 1.				
Abergele U.D. Colwyn Bay Borough	Residential.	191	3.8	34%
Western Area No. 2.				
Aled, Denbigh, Hiraethog, Llanrwst, Ruthin Borough, Ruthin Rural ...	Urban and Agricultural.	242	3.2	42%
Eastern Area No. 1.				
Ceiriog R.D., Llangollen, Wrexham R.D.	Mixed.	437	4.2	24.4%
Eastern Area No. 2.				
Wrexham Borough	Industrial.	100	4.3	24%

NORTH WALES CHILD GUIDANCE CLINICS.

Report for the Year ending 31st December, 1950.

A. Review of the History of the Clinics.

The first Child Guidance Clinic in the North Wales Area was opened at Bangor in 1943. It came into being as a result of the foresight of and the co-operation between Dr. D. E. Parry Pritchard, Medical Officer of Health and School Medical Officer for Caernarvonshire, and Dr. J. H. O. Roberts, Medical Superintendent of the North Wales Hospital for Nervous and Mental Disorders, acting on behalf of the Committee of Visitors of the Hospital.

Dr. Roberts acted as the first Director of this Clinic and Mr. Gell, an Officer on the staff of Dr. Parry Pritchard, was its first Psychiatric Social Worker—and the first such Worker in the Area.

Further clinics were opened as demands for the type of service which the clinics provide increased.

In 1945, Dr. M. Vidor was appointed as Psychologist, and the first full Child Guidance Team had come into existence.

Opening dates are shown in Table 1, and Table 2 will serve to illustrate the growth of the clinics.

Table 1.

Town.	Clinic opened in
Bangor	1943
Wrexham	1943
Dolgelley	1945
Rhyl	1946
Colwyn Bay	1950

Table 2.

Year.	Numbers of First and (all other) Attendances.						All Centres.		
	Bangor.	Wrexham.	Dolgellwy.	Rhyl.	Denbigh.	Colwyn Bay.	First.	Others.	Total.
1943 ...	21(1)	6	—	—	—	—	27	1	28
1944 ...	27(6)	9(2)	—	—	—	—	36	8	44
1945 ...	74(131)	11(14)	5(2)	—	1	—	91	147	237
1946 ...	55(323)	31(170)	12(3)	—	2(7)	—	110	503	613
1947 ...	75(349)	44(216)	26(9)	33(263)	4	—	182	837	1019
1948 ...	75(385)	51(445)	30(9)	30(311)	2	—	188	1150	1338
1949 ...	62(239)	58(211)	14(10)	38(269)	—	—	172	729	901
1950 ...	96(201)	74(299)	9(7)	60(223)	—	14(30)	253	760	1013

B. Function and Aims of the Service.

These might be described as follows:—

- (1) To provide a consultant service for parents, teachers, doctors, magistrates and others whose daily work brings them into close contact with children.

The first duty of the clinic would be to confirm the existence of a problem and to decide on its nature and severity.

- (2) To make early recognition of children's difficulties possible and to promote knowledge with regard to the development of the normal child.

Many of the nervous and mental disorders of adult life have their roots in childhood. A better understanding of the nature of children's difficulties would do a great deal to prevent their growing into unhappy and ineffectual adults.

- (3) To advise, and, if required, undertake the treatment of those children who cannot be dealt with by ordinary methods. In this manner it would contribute most towards the achievement of Mental Health, not only in children, but also in adults.

This description suggests that the chief function of the clinics is to act as preventative and therapeutic rather than as diagnostic centres.

C. Functions of Workers in a Child Guidance Team.

1. **Psychiatrist.**—He acts as the Director of the Clinic's activities and is ultimately responsible for the work of its members. His position arises from the necessity of having a worker who is able to assess and deal with not only the psychological but also the general medical and psychiatric aspects of a case. In addition, he is trained in psychiatric work with adults and ill-health in parents is one of the important problems met with in Child Guidance work.

He presides at "Case Conferences" where the team as a whole meet to discuss each child in full. He is responsible for making diagnoses, for sending reports to doctors and other agencies, for suggesting treatment elsewhere and for making recommendations with regard to disposal. In our clinics, he carries out all treatment with children excepting those whose difficulties lie largely or entirely in the educational field.

2. **Psychologist.**—Her chief functions in a Child Guidance Clinic are as follows:—

- (a) To assess each child and determine his position in relation to average children of his age in respect of
 - (i) his intellectual capacity,
 - (ii) the level of social adjustment he has reached,
 - (iii) his general personality traits,
 - (iv) his level of scholastic attainments, where required,
 as seen in the "standardised test situation."

- (b) To report on her findings and to assist the team in arriving at a diagnosis.
- (c) To maintain contact with and to visit schools and to discuss educational problems with teachers and others.
- (d) To carry out "Remedial Teaching."

3. **Psychiatric Social Worker.**—Her functions are considered to be the following:—

- (a) To interpret to the relatives the function of the clinics and the nature of the effort required.
- (b) To obtain data (Social History) in respect of the child, his family and his environment.
- (c) To inform the psychiatrists of the social problems involved and to keep him informed of progress made by the child and his environment.

Her aim will be to support the parents while treatment is in progress, to help with general social problems and to modify their attitudes where this is necessary so that ultimately they can deal with the child unaided.

Generally speaking, she will act as liaison officer between the clinic and the child's environment and home and school visits form part of her duties, in addition to certain administrative obligations she has.

D. Personnel.

The following table, in addition to other detail, will show the disposition of all staff:—

Table 3.

Town and Day.	Sessions at.	Psychiatrists.	Psychologists.	Social Workers.
Colwyn Bay:				
Every Monday	10 a.m.	Dr. E. Simmons.	No Psychologist. Children examined at Rhyl or Bangor.	Miss J. Wiggins, P.S.W.
and Saturday.	10 a.m.	Dr. E. Simmons.		Miss J. Wiggins.
Rhyl:				
Every Thursday	10 a.m.	Dr. E. Simmons.	Dr. M. Vidor.	Mrs. I. Jones, P.S.W.
	2 p.m.	Dr. E. Simmons.		Mrs. I. Jones.
Wrexham:				
Every Friday.	10 a.m.	Dr. E. Simmons.	Dr. M. Vidor.	Miss J. Wiggins. Miss S. Adams, S.W.
	2 p.m.	Dr. E. Simmons.	Dr. M. Vidor, if required.	Miss J. Wiggins.

E. Information and Data relating to the Patients.

1. **General Account of Methods.**—(i) The routine procedure carried out at a clinic is indicated in the following table. Time expenditure is also shown.

Table 4.

Referral.

The child is examined by the psychologist	$\frac{3}{4}$ to $1\frac{1}{4}$ hours
The mother is interviewed by the P.S.W.	$\frac{3}{4}$ hour
The child is examined by the psychiatrist	$\frac{3}{4}$ hour
The mother is interviewed by the psychiatrist	$\frac{1}{2}$ hour
Case conference, all workers, per child ...	$\frac{3}{4}$ to $1\frac{1}{4}$ hours

Treatment Case.

Treatment interviews—weekly—(Child—
Psychiatrist; Mother—P.S.W.) $\frac{3}{4}$ hour approx.

Length of Treatment. This varies with the severity of the case.

The average length of treatment is about 6 months but many children require help over a considerably longer period.

(ii) In many cases extensive investigations require to be carried out. They may involve any one of the workers or the whole team. The distribution of such work was indicated when the functions of the different workers were described.

2. **Sources of Referrals.**—The majority of children are referred through the School Medical Officers. An increasing number come to us, through General Practitioners, other Medical Specialists, Children's and Probation Officers, Matrons of Homes, etc. We welcome referrals from any source and parents themselves sometimes initiate proceedings. We have to work according to a strict time table and children can be seen, therefore, by appointment only.

3. **Causes for Referral.**—It has not been possible to tabulate symptoms for which children are brought to us or to re-state them in accordance with the psychiatric diagnosis. The complaints for which children are referred are frequently minor ones when compared with the severity of the disturbance of the personality or character discovered. Perhaps less frequently, but still in many instances, we can reassure parents who have been unduly worried by behaviour which although disturbing to them, could be recognised as appropriate to the age of the child or likely to respond to simple changes in his handling.

The following are common referral symptoms: Feeding difficulties, temper tantrums, irrational fears, wandering, truancy, delinquent behaviour, enuresis, backwardness in school.

4. **Age Distribution.**—Children up to the age of 16 or 17 are accepted. The needs of the child determine, in the case of the older child, whether he is advised to seek help in an adult psychiatric clinic or whether he is dealt with by us. The number of "under fives" seen has been very small. This is regretted. Generally speaking, it might be said that the duration and the result of treatment stand in inverse proportion to the length of time for which symptoms have been present. Many of the children referred during their early school years are sure to have had difficulties during their pre-school years. Their recognition then might have avoided more serious problems arising and treatment might have been shorter and more successful.

5. **Intelligence of Children Referred.**—The range of Intelligence Quotients found extended from under 40 to over 150 (average is 90 to 110). The number of very dull children referred has continued to decrease. This is healthy evidence of the greater recognition of the fact that the clinics are primarily therapeutic and not diagnostic centres. It is realised, however, that in the absence of alternative clinics we must continue to deal with a fair number of "diagnostic cases." The relatively large number of referrals seen during the year is evidence of the fact that we have made every effort to fulfil the existing need.

6. **Other Activities.**—These have included talks to official organizations and discussions on test procedure and interpretation with Assistant School Medical Officers. Four members of the then Bangor Team gave a half-hour broadcast on "Child Guidance Clinics" in the Welsh Home Service earlier in the year. Two doctors required to attend at a Child Guidance Clinic in connection with their work for the Diploma in Child Health have been offered facilities. A number of Children's Officers, Probation Officers, Teachers and others have been present at discussions concerned with children under their care.

I believe that activities of this kind are extremely important and should be extended to the maximum compatible with our duties at the clinics.

7. **Research.**—If this term is used in its wider meaning, viz., careful search or enquiry after and for facts which may contribute to a better understanding and provide a more efficient solution of a given problem, it may justifiably be said that research aspects are always in our minds.

The first essentials for such work is efficient record keeping. Various experiments have been made with regard to case records and registers capable of supplying the answers which research conducted on truly scientific lines might require. This is a lengthy and time consuming process but we are satisfied with the progress made to date.

Of more general interest may be the following remarks in relation to a subject of prime importance in a bilingual area:—

Our chief concern, as has been said, is with the behaviour disturbances and the emotional disorders for which children are referred to us. Environmental factors play a large part in their creation. It is recognised, however, that innate endowments, abilities and physical health play a no less important role in the formation of symptoms.

The accurate measurement of innate endowments and abilities can present considerable difficulties in the case of a bilingual or monoglot Welsh child. For the English speaking child standardised tests are available. There are as yet none for the Welsh speaking child excepting those which do not require the use of language for their correct solution (non-verbal and performance tests). In regard to the child of, say under 7, we are relatively certain that we can make an

adequate assessment. In respect of the older children we rely largely on the experience of the workers concerned. Fortunately, we are not entirely dependent on tests. The observations of the psychiatrist and the psychologist with regard to, e.g., a child's behaviour, his capacity to manipulate objects and situations, etc., are of value when a total assessment is made, and, broadly speaking, it might be said that we are now able to avoid gross injustice being done to Welsh speaking children. The value of Mr. Jones' work will be obvious here, and while we hope to have his help for a long time, I may mention that we know of only one other Welsh speaking Educational Psychologist in the country, who is now working in England.

The Department of Education of University College is, I understand, engaged on researches on this subject. Mr. W. R. Jones is the author of a number of important publications concerned with the matter, and it is to be hoped that these researches will succeed in providing the tests we require. We are pleased, of course, to be able to have the services of and to provide facilities for clinical work for some of the College's staff engaged on this most important work.

Statistical Data.

Table 5

(refers to work of PSYCHIATRISTS).

	Colwyn Bay Clinic.	Rhyl Clinic.	Wrexham Clinic.
First Attendances (referrals):			
Boys	5	35	49
Girls	9	25	25
	—	—	—
Total	14	60	75
	—	—	—
Further Attendances (Re-exam. and Treatments):			
Boys	8	161	217
Girls	22	62	82
	—	—	—
Total	30	223	299
	—	—	—
Total number of Atten- dances	44	283	373
	—	—	—

Note: The above table refers to interviews with children only.

Table 6

(refers to work of PSYCHOLOGISTS).

	Clinic. Rhyl	Clinic. Wrexham
First Examinations:		
Boys	23	42
Girls	21	21
	—	—
Total	44	63
	—	—
Further Examinations:		
Boys	16	5
Girls	11	19
	—	—
Total	27	24
	—	—
Total number of Attendances	71	87
	—	—
Remedial Teaching:		
No. of children	1	—
No. of attendances	12	—
School Visits	—	—

Table 7.

Numbers of children referred by Denbighshire during 1950 was 85.

It will be observed that these figures are not identical with those given in Table 5. The latter include children referred during and prior to 1950. Children referred during 1950 may, similarly, not have been examined yet.

F. Some Observations and Conclusions.

Most of the important points have been mentioned under their relevant headings. The most pleasant and far-reaching change resulted from the increase in Psychiatric Social Worker strength and particularly from Miss Wiggins' appointment as a full-time worker in the Service. Demands on each of the specialists represented in the teams are very heavy. It appears to me that at least one worker in each field should have sufficient time to make problems of administration and of policy one of her special tasks. Only in that way can wastage of time and man power be avoided and maximal use of the available strength be assured.

The most disappointing aspect of our work, although one not under our control, has been our recognition of the fact that only a few of the children whom we recommend for special educational facilities can be placed in the appropriate schools. This applies equally to bright and dull, disturbed and merely backward children. Treborth Hall, the first residential school for educationally sub-normal children in North Wales, opened recently. Further schools will, no doubt, be opened in due course. Meanwhile, the problem persists in most areas.

Schools for mal-adjusted children are non-existent in North Wales and placement outside the Principality meets with near unsurmountable difficulties. There is, unfortunately, an extreme shortage of such schools in the whole country.

There are no hostels where children in need of treatment and placement could be accommodated. Homes and Institutions of various kinds do valuable work here, but their staff is not trained to deal with psychiatrically disturbed children and they have neither the special facilities nor the numbers of staff required.

Here I should perhaps mention again that diagnostic and treatment numbers are almost wholly determined by the time available from the Psychiatrist. Some re-distribution can be undertaken but hardly any additional work unless at least one other therapist becomes available. This is emphasised by the fact that referrals do not actually represent the total number of children known to be in need of examination and treatment.

E. SIMMONS,
Consultant.

ANNUAL REPORT OF ORGANISERS OF PHYSICAL EDUCATION FOR THE SCHOOL YEAR ENDED 31st AUGUST, 1950.

General.

This year has been devoted primarily to a "follow up" of Physical Training Courses already held. With the three courses enumerated in this report, the whole of the County Area has now been covered, and the majority of teachers in Primary Schools have attended.

The newer methods of approach, plus the use of small apparatus throughout the lesson, are now being used in the majority of schools. One of the objects being pursued is the giving of still more opportunities to the child for measuring and improving his own best performance, rather than indulging solely in competition against another child or team. This does not entail the complete abolition of healthy inter team competition, but an increased emphasis on the individual.

Equipment.

Every Primary School has now been provided with a quantity of small apparatus for use in the Physical Training lesson. In addition, a start has been made towards providing mats and benches, which will be essential if progression is to be maintained.

The Secondary Modern and all-age schools have been provided with athletic equipment and heaving poles so that strengthening and heaving exercises normally possible only in the gymnasium may be practised.

A further allocation of gym shoes was made by the Committee. This was distributed to all schools requiring replacements for worn out pairs, and an allocation made to Infant Schools.

Teachers have been encouraged to produce their own schemes of work to suit their particular facilities and environments. Improvisation of apparatus has been a result of this, and some schools have shown much ingenuity in constructing rope climbing arenas, using tree trunks and tubular scaffolding for vaults and agilities, and themselves making such apparatus as skittles and bean bags.

School yards are now being marked with road paint, which is much longer lasting, obviating extra labour and expense.

Courses.

(a) **Physical Training and Dancing.**—Three courses were held for teachers at Llanrwst, Rhos and Cerrigydrudion. These courses lasted for six weeks, and consisted of one session of $2\frac{1}{2}$ hours per week.

Llanrwst—28 Teachers attended.

Rhos—52 Teachers attended.

Cerrigydrudion—20 Teachers attended.

Physical Training, Welsh Folk Dances and Infant work were taught. Demonstration lessons with pupils from local schools were also taken. These courses were visited by Mr. Haydn Davies, H.M.I.

(b) **Athletics.**—A two day course was held at Brynhyfryd Grammar School, Ruthin, on 22nd and 23rd June, 1950, attended by 31 male teachers in secondary schools. Mr. J. W. Alford, the Welsh A.A.A. coach, was chief instructor, and as a result of the oral and practical examinations, 24 teachers gained the A.A.A. Hon. Coaches Award in various athletic events.

A six weeks course for Youth Leaders was held at Grove Park Grammar School, Wrexham (June and July, 1950), in conjunction with the C.C.P.R. Fifteen Youth Leaders attended regularly, and eight obtained the Coaching Award. The enthusiasm and ability displayed by these Leaders is worthy of mention.

(c) **Football.**—A coaching course for boys was organised by the C.C.P.R., in conjunction with the L.E.A., at Wrexham Barracks during the Easter holidays. 35 boys attended this two day course.

(d) **Tennis.**—A tennis coaching course for teachers was run at Norman Road Tennis Club, Wrexham, during the Easter holidays. Attendance was not up to expectations, although the course catered for both Denbighshire and Flintshire teachers and Youth Leaders. Out of the sixteen students, nine obtained the L.T.A. Coaching Award.

(e) **Hockey.**—Ten girls from Denbighshire Secondary Schools attended a Hockey Camp at Rhyl Grammar School from 6th to 10th August. Instruction was given by International players.

Infant Work.

Special sessions for Infant Teachers were held at all teachers courses. A half day demonstration at Wrexham N.P. School was attended by all teachers in the Wrexham Area. Classes of infants were taken by class teachers, showing the uses of small apparatus.

A further demonstration is to be given in the Colwyn Bay area and this will be followed by similar classes in various County centres.

Athletic Associations.

The Denbighshire Secondary Schools Athletic Association had a successful season, steady and consistent progress being maintained. The County Athletic Team, selected as a result of the County Championship held at Wrexham Barracks, gained second place in the National Championships held at Bangor in July, being beaten only by Glamorgan. In the past three Annual National Championships, Denbighshire have been 4th, 3rd and 2nd.

The Senior Championship of Denbighshire was won by Colwyn Bay Grammar School, with Grove Park Grammar School winning the Middle Junior, and aggregate titles. An encouraging feature has been the steady improvement shown by the Modern Schools. Now that the age limits in the Junior Competition have been revised, they stand a much better chance of achieving County honours. Four boys from Modern Schools were members of the County Team.

The number of entries for girls was increased this year by the inclusion of a middle school age group. The interest in girls' events is increasing and a good standard has been maintained. Brynhyfryd Grammar School were the winners of the Aston Shield for the highest aggregate points.

Eight boys were selected by a National newspaper for further free coaching at the National Championships. Three of these boys were from Denbighshire.

Football.

The Wrexham Schools F.A. had a successful season, running with both Junior and Senior Leagues. Unfortunately the Grammar Schools show a reluctance to enter these leagues, and consequently our representative sides are not as strong as they might be.

The Vale of Conway League contains several teams from Denbighshire, and these teams have acquitted themselves well.

One boy from Acrefair Modern School gained his International cap this year.

The Grammar Schools Football Competition was played in two zones and won by Ruabon and Colwyn Bay. The Final match was played at Brynhyfryd, Ruthin, and resulted in a draw after extra time.

Hockey.

The Denbighshire Girls' Hockey Team had an undefeated season, triumphing over their old rivals Flintshire for the first time. Facilities for girls to play hockey after leaving school are very limited in Denbighshire, with the result that many potential County players are lost to the game.

Netball.

The County Netball Association held rallies at Wrexham and Colwyn Bay; these were followed by the Junior and Senior Schools Championship at Denbigh where the Senior Championship was won by Colwyn Bay Modern School, and the Junior by Wrexham Girls' N.P. School. The County Team selected as a result of these competitions defeated the other North Wales Counties, and proved themselves a worthy team in this, the second year, of the Association.

Youth Work.

The standard of instruction in the boys section of Youth Clubs is slowly improving, but some qualifications should be insisted before instructors are appointed. Entries for the Annual P.T. Competition were disappointing, and it is felt that an instructor employed by the Authority should be able to produce tangible evidence of his work by the end of the season. The competition was won once again by the Friendship Club of Colwyn Bay, who have set an extremely high standard.

The Athletic Sports meeting, in which for the first time, girls and boys events were run together, proved most successful, and a high standard of performance and competition was seen. Special events for working boys and working girls were introduced.

Both Organisers spent a week at the Annual Youth Camp taking charge of games, activities, socials, first aid, etc. The woman Organiser was in sole charge of the girls camp. The week proved most beneficial and enjoyable for all concerned.

There seems to be little demand for courses by Youth Leaders. All courses run by the Organisers are thrown open to them, but advantage is seldom taken of this.

Junior Schools Association.

The two Junior Schools Athletic Associations—Vale of Clwyd Schools and Wrexham and District, had very successful seasons. The number of competitors had increased, the Wrexham meeting having nearly a thousand competitors. These associations are flourishing in every way, and are financially self supporting. They provide an opportunity for the practical application of the basic skills of running, jumping and throwing, taught in the Physical Education periods.

Swimming.

On the advice of the Medical Officer of Health it was decided that swimming tests for the Elementary Proficiency and Advanced Certificates would not be held this year in the Wrexham Area. This decision, although unavoidable, was very disappointing to the schools who had worked hard to achieve these standards.

In the Colwyn Bay Area 112 Certificates were awarded. For the first time a Junior School in this area, Llandrillo-yn-Rhos, entered for the tests and performed **creditably**.

It is regrettable that swimming instruction in Denbighshire has to be confined to these two areas, although Brynhyfryd Grammar School have shown initiative in visiting the private baths at Clocaenog.

Playing Fields and Accommodation.

The majority of schools now own or have access to a playing field. We feel strongly that some scheme for the maintenance of these fields should be implemented. The appointment of a peripatetic qualified groundsman, with a pool of equipment, would meet the case. The annual cost of even cutting all of the playing fields is heavy, the average charge being two pounds for each cutting.

All the gymnasiums of the County are inspected annually by a qualified firm. Some Grammar Schools lack indoor accommodation, so that it is impossible to carry out a scheme of Physical Education, e.g., Denbigh, Llangollen, Llanrwst. Brynhyfryd Grammar School will have a fully equipped gymnasium in the near future.

Trophies.

The following have generously provided trophies for various activities in the County:—

Alderman Evan Roberts, Llansannan.

S. Aston & Sons, Wrexham.

Alderman R. F. Watkins, Ruthin.

T. J. Roberts, Esq., C.C., Ruthin.

Councillor J. Hyman, Wrexham.

S. Hayman, Esq., Denbigh.

Alderman Miss Hovey, Colwyn Bay.

We are very grateful for the practical interest shown by these ladies and gentlemen in Physical Education.

Conclusion.

The Organisers have served on various Committees, given talks and lectures in Youth Clubs, Women's Institute and Parent Teacher Associations. The woman Organiser was responsible for the dance at the Proclamation of the National Eisteddfod at Llanrwst.

The Organisers would like to express their grateful thanks to the Director, his Deputy and the Office Staff for their consideration and helpfulness at all times, and to the teachers of the County for their co-operation.

MEDICAL INSPECTION AND TREATMENT RETURNS.

Year ended 31st December, 1950.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Special Schools).

A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups:—

Entrants	3063
Second Age Group	1790
Third Age Group	3594
Total	8447
Number of other Periodic Inspections	259
Grand Total	8706

B.—Other Inspections.

Number of Special Inspections	122
Number of Re-Inspections	1243
Total	1365

C.—Pupils found to require Treatment.

No. of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision (excl. squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	32	1234	1241
Second Age Group	87	476	535
Third Age Group	162	1104	1207
	—	—	—
Total (prescribed groups) ..	281	2814	2983
Other Periodic Inspections .	8	32	38
	—	—	—
Grand Total	289	2846	3021
	—	—	—

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1950.

Defect or Disease.	Periodic Inspections. No. of defects.		Special Inspections. No. of defects.	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Skin	62	87	12	—
Eyes:				
(a) Vision	289	212	12	1
(b) Squint	24	69	1	—
(c) Other	18	135	—	—
Ears:				
(a) Hearing	8	59	1	—
(b) Otitis Media	10	12	—	—
(c) Other	—	16	—	—
Nose or Throat	417	949	13	47
Speech	2	76	1	2
Cervical Glands ...	12	558	—	—
Heart and Circulation	20	78	—	—
Lungs	5	173	—	4
Developmental:				
(a) Hernia	1	3	—	—
(b) Other	13	27	—	—
Orthopaedic:				
(a) Posture	5	75	—	—
(b) Flat Foot ...	12	308	—	—
(c) Other	12	307	1	1

Defect or Disease.	Periodic Inspections. No. of defects.		Special Inspections. No. of defects.	
	Requiring treatment.	Requiring to be kept under obser- vation but not re- quiring treatment.	Requiring treatment.	Requiring to be kept under obser- vation but not re- quiring treatment.
(1)	(2)	(3)	(4)	(5)
Nervous system:				
(a) Epilepsy ...	—	4	—	—
(b) Other	—	11	2	—
Psychological:				
(a) Develop- ment	2	33	—	—
(b) Stability ...	—	7	—	—
Other	2	51	—	9

**B.—Classification of the General Condition of Pupils inspected
during the year in the Age Groups.**

Age Groups.	Number of pupils inspected.	(A) Good.		(B) Fair.		(C) Poor.	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	3063	693	22.6	2254	73.6	116	3.8
Second Age Group	1790	525	29.3	1245	69.6	20	1.1
Third Age Group ..	3594	920	25.6	2667	74.2	7	.2
Other Periodic In- spections	259	101	38.9	145	55.9	13	5.0
Total	8706	2239	25.6	6311	72.6	156	1.6

TABLE III.**Infestation with Vermin.**

(i) Total number of examinations in the schools by the school nurses or other authorized persons	47941
(ii) Total number of individual pupils found to be infested	2539
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Group 1.—Diseases of the Skin (excluding Uncleanliness, for which see Table III).

		Number of cases treated or under treatment during the year.	
		By the Authority.	Otherwise.
Ringworm:			
(i) Scalp	}	5	—
(ii) Body			
Scabies		18	—
Impetigo		106	—
Other skin diseases		67	—
		—	—
Total		196	—
		—	—

Group 2.—Eye Diseases, Defective Vision and Squint.

	No. of cases dealt with	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	—	79
Errors of Refraction (including squint)	170	159
	—	—
Total	170	238
	—	—
Number of pupils for whom spectacles were:		
(a) Prescribed	111	134
(b) Obtained	—	Not available
	—	—
Total	111	134
	—	—

Group 3.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	By the Authority.	Otherwise.
Received operative treatment:		
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis	—	412
(c) for other nose and throat con- ditions	—	—
Received other forms of treatment	—	—
	—	—
Total	—	412
	—	—

Group 4.—Orthopaedic and Postural Defects.

	Number of cases treated	
	By the Authority.	Otherwise.
(a) Number treated as in-patients in hospitals	—	39
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	—	762

Group 5.—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	88	—

Group 6.—Speech Therapy.

	Number of cases treated	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	—	—

Group 7.—Other Treatment given.

	Number of cases treated	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments	341	—
(b) Other (specify):		
Ear defects (Wax, etc.)	37	—
Total	378	—

TABLE V.**Dental Inspection and Treatment carried out
by the Authority.**

(1) Number of pupils inspected by the Authority's Dental Officers:	
(a) Periodic age groups	11892
(b) Specials	1736
	<hr/>
Total (1)	13628
	<hr/>
(2) Number found to require treatment	7207
(3) Number referred for treatment	7065
(4) Number actually treated	7156
(5) Attendances made by pupils for treatment	8523
(6) Half-days devoted to:	
Inspection	115.5
Treatment	1196.5
	<hr/>
Total (6)	1312.0
	<hr/>
(7) Fillings:	
Permanent Teeth	4659
Temporary Teeth	126
	<hr/>
Total (7)	4785
	<hr/>
(8) Number of teeth filled:	
Permanent Teeth	4149
Temporary Teeth	126
	<hr/>
Total (8)	4275
	<hr/>

(9) Extractions :

Permanent Teeth	1992
Temporary Teeth	12904
	—
Total (9)	14896
	—

(10) Administration of general anaesthetics for
extraction

5026

—

(11) Other operations :

Permanent Teeth	564
Temporary Teeth	384
	—
Total (11)	948
	—

SCHOOL HEALTH SERVICE AND SCHOOL CLINICS.

Return for 31st December, 1950.

**I.—Staff of the School Health Service
(excluding Child Guidance).**

School Medical Officer: Dr. M. T. Islwyn Jones.

Senior Dental Officer: Mr. D. Glen Thomson.

	Number.	Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers.
(a) Medical Officers* :—		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services .	6	2.53
(iii) General Practitioners working part-time in the School Health Service	—	—
(b) Dental Officers*	4	3
(c) Physiotherapists, Speech Therapists, etc. (specify)	—	—
(d) School Nurses	15	7.75
(e) Nursing Assistants	—	—
(f) Dental Attendants	4	3

*All Officers of the School Health Service (including the School Medical Officer and the Senior Dental Officer) other than those employed part-time for specialist examination and treatment only.

II.—Number of School Clinics

(i.e., premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics 10

III.—Type of Examination and/or Treatment provided at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment.	Number of School Clinics (i.e., premises) where such treatment is provided:	
	Directly by the Authority.	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals.
(1)	(2)	(3)
(a) Minor ailment and other non-specialist examination or treatment	30	—
(b) Dental	10	—
(c) Ophthalmic*	10	1
(d) Ear, Nose and Throat	—	2
(e) Orthopaedic	—	5
(f) Paediatric†	—	—
(g) Speech Therapy	—	—
(h) Others (specify)	—	—

*Arrangements made with the Supplementary Ophthalmic Service should be returned in Column (2) and those made with the Hospital and Specialist Service in Column (3).

†Clinics for children referred to a specialist in children's diseases.

IV.—Child Guidance Centres.

A "Child Guidance Service" is provided by the Regional Hospital Board, from the Staff of the North Wales Hospital for Mental and Nervous Diseases, and two sessions are held weekly.

Details of Staff as per Table below:—

Staff of Centres.	(a) Number.		(b) Aggregate on Forms of the equivalent in number of whole-time Officers.	
	Colwyn Bay.	Wrexham.	Colwyn Bay.	Wrexham.
(a) Psychiatrists .	1	1	2/11	2/11*
(b) Educational Psychologists .	—	1	—	2/11
(c) P s y c h i a t r i c Social Workers	1	1	2/11	2/11
(d) Others (specify)	—	—	—	—

*Elevenths are given as 11/11 and are given to represent "full-time" in the National Health Service.

Return showing Independent Schools being assisted by the Local Education Authority under Section 9
(1) of the Education Act, 1944, in respect of Handicapped Pupils (see Manual of Guidance, Special
Services No. 1).

Year ended 31st December, 1950.

Name and Address of School. (1)	State whether for Boys, Girls or both. (2)	Number of pupils whose fees are being paid in whole or part by the L.E.A. (3)	Category of handicap of pupils in column 1. (4)	Age range of pupils in column 3. (5)	Annual rate of payment by L.E.A. per pupil. (6)
Penlan Special School, Llanfwrrog, nr. Ruthin.	Both.	4	Educationally normal.	5-14	£126 per annum. £40 per annum. (Approx. for one day pupil payment made weekly).